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From: Theresa C. Kavanaugh

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Please find enclosed, subject to a certificate of facsimile transmission dated October 8, 2004, the following with respect to U.S.S.N. 10/753,711:

Supplemental Application Data Sheet (2 pages). Please note that the residential address has been included for both Applicants. Additionally, the Updated Filing Receipt which was mailed on 06/03/2004 incorrectly indicated Applicant Tai Wee (David) Khoo's name. These corrections are underlined on the attached Supplemental Application Data Sheet.

Kindly provide us with an Updated Filing Receipt reflecting these changes.

Theresa C. Kavanaugh
Reg. No. 50,356

IMPORTANT - PLEASE READ

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PAGE 1/3 * RCVD AT 10/8/2004 2:05:01 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-1/3 * DNIS:8729306 * CSID:617 832 7000 * DURATION (mm-ss):01-00

Supplemental Application Data Sheet**Application Information**

Application Number:: 10/753,711
Filing Date:: January 8, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: No
Number of CD disks:: None
Number of copies of CDs:: None
Sequence submission?:: No
Title:: Low Noise Block
Attorney Docket Number:: KVC-061.01
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity:: Yes
Licensed US Govt. Agency:: No
Contract or Grant Numbers::
Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: SG
Status:: Full Capacity
Given Name:: Tai Wee (David)
Middle Name::
Family Name:: Khoo
Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence:: Singapore

Street of mailing address:: 70 Mei Hwan Drive, Goldenhill Park Condo #12-17

City of mailing address::

State or Province of mailing address::

Country of mailing address:: Singapore

Postal or Zip Code of mailing address:: 568431

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Gregory

Middle Name:: C.

Family Name:: Poe

Name Suffix::

City of Residence:: Chepachet

State or Province of Residence:: RI

Country of Residence:: U.S.

Street of mailing address:: 248 Spring Grove Road

City of mailing address:: Chepachet

State or Province of mailing address:: RI

Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 02814

Correspondence Information

Correspondence Customer Number:: 25181

Representative Information

Representative Customer Number::	25181
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